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The Chief's Corner

Welcome to the second issue of *The AMEDD Historian*! Our first issue was great success. I received several emails from readers telling me how much they enjoyed the articles and how much AMEDD history they learned. This issue is again packed with interesting AMEDD history. In this issue you'll read about Technician Fifth Grade Henry Jenkins, and Sergeant Wayne Slagel, the only two known triple recipients of the Combat Medical Badge, authored by Bob Ampula. Dr. Sanders Marble writes an interesting article about the AMEDD support to the 1906 San Francisco earthquake. Not seen today except in museums are Iron Lungs. Chuck Franson highlights the iron lung in the AMEDD Museum. Paula Ussery has a short biography of Colonel Emma Vogel, first chief of the Women's Medical Specialist Corps, now the Army Medical Specialist Corps, ea. Last, there is a short piece on the green brassard worn by Army Veterinary Corps personnel. From the field we received a book extract, *A Time for Everything: The Kevin Zimmerman Story*, describing the efforts of an AMEDD flight medic in Bosnia, SSG Zimmerman, who was awarded two Soldier's Medals.

Remember we are still looking for authors — if you have an article on AMEDD history you want to submit, please do. We must all be “stewards of Army Medicine history and heritage!”

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COL Emma Vogel

first chief of the Women's Medical Specialist Corps
Paula A. Ussery, Museum Specialist, AMEDD Museum

On April 16 1947 the Women's Medical Specialist Corps was established by Public Law 80-36. This Corps, which was initially composed of Physical Therapists, Occupational Therapists, and Dieticians, has since been expanded to include Physician Assistants and is now the Army Medical Specialist Corps.

Surgeon General Raymond W. Bliss selected a senior Army physical therapist, Emma E. Vogel to be the first Corps Chief with the rank of Colonel. Emma E. Vogel began her service to the Army in 1919 when she was appointed a physical therapist at Army General Hospital No. 24, in Parkview Station, Pittsburg, PA .

Miss Vogel, like all therapists and dieticians, was a civilian employee. She was a graduate of State Teachers' College, Mankato, MN and received her Physical Therapy training at Reed College, Portland, OR.

Her physical therapy training was due to the Army's interest in rehabilitating soldiers wounded during The Great War. There were no formal training courses in physical therapy in the United States prior to World War I. Army Surgeon General William Gorgas made an appeal to physical education schools to establish short intensive emergency physical therapy training programs. In April 1918 emergency physical therapy courses were initiated at schools in Boston, MA, New Haven, CT, Battle Creek, MI and at Reed College. The largest enrollment was at Reed College where 200 students representing 72 universities or colleges attended the second course.

Miss Vogel was assigned to General Hospital # 24 only a few months prior to being transferred to Walter Reed General Hospital, Washington DC. She was named the Supervisor of Physical Therapists at Walter Reed in 1920.

In 1922, Miss Vogel helped organize the first training course for physical therapists conducted after World War I in the United States. Assigned as Supervisor of Training, Miss Vogel developed the curriculum. The success of this effort was noted in the Surgeon Generals' Annual Report for 1924: "The instruction and training of the junior aides under the direction of the Supervisor of Physiotherapy Aides has been well blended into the functioning of this department, and in addition the stimulative effect of this training has been of immense value to the department in maintaining efficient and co-operative work."

The Walter Reed course was accredited in 1928, by the American Physiotherapy Association and in 1936 by the Council on Medical Education and Hospitals of the American Medical Association when they became the official accrediting body for this training. In addition to her duties at Walter Reed, Miss Vogel also served in an advisory capacity to the Surgeon General's office on issues related to physical therapy.

The massive expansion of the Army due to America's entry into World War II, created an increased demand for physical therapists. Miss Vogel was assigned in January 1942 to the Civilian Personnel Division, Surgeon General's Office, on a part-time basis to develop and coordinate the physical therapy program.

Miss Vogel alternated her days between Walter Reed and the Surgeon General's Office. This situation was alleviated on August 24, 1942 when she was appointed Superintendent on a full-time basis. She was responsible for training activities, personnel actions, preparation of manuals and overall administration.

The long struggle for military status for therapists was achieved in January 1943 by Public Law 77-828, which granted them relative rank. The Secretary of War designated Miss Vogel as Director of Physical Therapy Aides. Commissioned in the grade of Major she was the first physical therapist to be commissioned under this law.

Her career was capped by her selection at the first Corps Chief for the Women's Medical Specialist Corps. She served from 1947 until 1951 when she retired from Army service.

COL Vogel's service to the Army Medical Department is represented in the Museum collection by two oil portraits of her and 3 handmade copper objects that were made for her in 1928 by the patients at Walter Reed. The tray, candlestick and ashtray were made from a surplus whirlpool tub made in 1918.



The Combat Medical Badge: The First Triple Recipients

Robert L. Ampula, Administrative Officer, AMEDD Regiment

The weather was already steamy early on the morning of July 31st 1943 in the jungles of New Georgia in the Solomon Islands. A heated battle had begun between the 161st Infantry Regiment and heavily defended Japanese soldiers who were positioned on a strategic hill above Munda Airfield. The Japanese had constructed well concealed machine guns and rifle emplacements covering all approaches to the hill making for a brutal confrontation. The attack was further hampered by fallen trees and underbrush which limited visibility to 30 yards.

The battle raged throughout the day with the 161st Infantry Regiment slowly inching forward, pillbox to pillbox. It wasn't until about 1700, however, that the leading element emerged through the smoke and haze of the engagement and neared the crest of the hill. Suddenly, two machine guns sprang to life and spewed fire on the unsuspecting and exposed Soldiers, killing one and severely injuring another. To make matters even worse, the injured Soldier lay in an exposed area only 25 yards from the menacing machine guns.

Upon learning of the injured man, Technician Fifth Grade Henry Jenkins quickly volunteered to attempt a rescue. After a hastily formulated plan, Jenkins crawled forward with two other Soldiers to a large tree approximately 15 yards from the fallen Soldier. On a pre-arranged signal, friendly machine guns focused fire on the Japanese positions. At that same moment, Jenkins leaped to his feet and ran to within 25 yards of the Japanese positions. With the help of the two other Soldiers, they retrieved the wounded Soldier, returned back across the open terrain and moved him to a place of relative safety. Henry then started treating his wounds. He would remain with the Soldier throughout the night until he could be safely evacuated the following morning.

Almost two years later, another Army medic was again engaged with the Japanese Army, this time on Mindanao during the liberation of the Philippines. The Japanese had well constructed defensive positions and their Soldiers were well conditioned, making for a difficult campaign. Private First Class Wayne Slagel¹ waded ashore with the rest of the 124th Infantry Regiment, 31st Infantry Division on 22 April 1945 lugging his oversized aid bag along with his other equipment. He had learned that supplies in battle soon run out and had improvised an engineer's demolition bag to serve as his medical aid bag. It would prove to be a fortunate thing for members of his unit.

As if the Japanese were not formidable enough, the weather and terrain played havoc with offensive maneuvers during the operation. The incessant rain had turned the terrain into a quagmire of mud, oftentimes knee deep. Where there was vegetation, it was thick and one had to fight to get through it. In addition, the tangle of trees and plants limited visibility and eliminated the possibility of approaching the enemy stealthily, making a dangerous mission even more so. The progress was physically exhausting as well, and the heat withering, but the soldiers advanced steadily, albeit slowly.

On 1 May 1945, Slagel's rifle platoon ran into stiff resistance from the enemy. Mortar rounds rained down on their positions and concealed machine gun emplacements started a blistering fire. In the chaos that followed, several Soldiers were severely wounded. With complete disregard for his own safety, PFC Slagel voluntarily moved forward under this heavy machine gun and mortar fire to administer aid to the wounded men and moved them to safety. Again and again he moved about exposed to the heavy concentration of fire and his actions undoubtedly saved many lives.

For their actions, Technician Fifth Grade Henry Jenkins were awarded the Silver Star² and PFC Wayne Slagel would earn the Bronze Star for valor. Both Soldiers would receive the newly authorized Combat Medical Badge.³



Henry Jenkins. AMEDD Regiment Collection

The Combat Medical Badge (CMB) turned 68 years old on March 1st 2013 and it seems an appropriate time to recognize the only known and documented triple recipients of the badge. Although we have found reference to five individuals who may have received the badge three times, we have never been able to document the others.

The Combat Medical Badge was originally established as a companion badge to the Combat Infantryman Badge (CIB). Early in the war it was duly noted that the infantry was subjected to the worst conditions in combat, sustained the most casualties and received very little, if any, recognition for their sacrifice and heroic actions. The infantry operated under the most extreme conditions and were the only soldiers whose daily mission was to close with and destroy the enemy and seize and hold terrain. As such, the decision was made to create the CIB and award additional pay of \$10 a month to those infantrymen who qualified.⁴ The CIB was established by the War Department on 27 October 1943 and was retroactive to 7 December 1941.

While the infantrymen were recognized with the CIB and garnered the additional \$10 a month in pay, it was quickly noted by the Soldiers and their leaders that the medics assigned to those same units were not included in the award of the CIB even though they suffered on a daily basis the same hardships, dangers, and casualty rates as their infantry counterparts. The issue was continuously raised, but it would take a year and a half to rectify this omission. The Soldiers of some infantry units took the matter into their own hands and took up collections among themselves and paid additional allowances out their own pockets to their medical corps "buddies."⁵ After learning of this, several American newspapers wrote editorials in support of these generous infantrymen and tried to spark interest in military authorities to change the combat pay regulation. On March 1, 1945 the Medical Badge was finally authorized by the War Department with the additional pay of \$10 a month. This award, too, was retroactive to 7 December 1941.



Wayne Slagel. AMEDD Regiment Collection.

In 1950 Henry Jenkins was assigned to the 17th Infantry Regiment, 7th Infantry Division. Henry joined them as they were deploying to Korea and came ashore as part of the Inchon landings. Now a Sergeant, Jenkins described the casualties as surprisingly light during the liberation of Seoul until an accidental friendly fire incident.⁶ The Division then participated in a second amphibious landing at Iwon in North Korea and pushed toward the border with Manchuria on 29 October 1950. The fighting proved to be tougher at Iwon and daily confrontations occurred. The weather also became a factor with the bitter cold inflicting almost as many casualties as the enemy.

On 2 November 1950 near Pungwan, Korea, a heated battle was in progress. The first platoon was subjected to heavy small arms and mortar fire which resulted in many casualties. With utter disregard for his own personal safety, Sergeant Jenkins exposed himself repeatedly to enemy fire as he moved about the platoon administering to the wounded. A bullet went through his leg in the early stages of the attack, but he continued to give first aid to the wounded and assisted in their evacuation.

In the bloody fighting that followed, Sergeant Jenkins' courage and supreme devotion to duty was displayed time after time, as he refused to be evacuated in spite of his painful wound and continued to administer to the wounded, not only of his platoon, but of those in the second platoon as well. Seven hours after he was wounded, his condition was brought to the attention of the Company Commander. Sergeant Jenkins was found to be seriously wounded and suffering from loss of blood. Only after he was so ordered would he allow himself to be evacuated to the battalion aid station where he was further evacuated to the rear.⁷

Wayne Slagel was assigned to the 27th Infantry Regiment (Wolfhounds), 25th Infantry Division in Korea. He joined them on Heartbreak Ridge. At this point, the Korean War had entered the stalemate phase. The fighting had resorted to warfare similar to that of World War I's trenches. Each side would periodically send rockets and mortar fire at the other which caused many deaths and injuries, but little ground was gained by either side. Once again, the cold weather caused many incidents of frost bite and there were a surprising number of asphyxiations. The Koreans brought up charcoal for heat in the extreme cold. Soldiers on the line would take the charcoal to their position in a container and cover themselves with a blanket, not allowing space for the fumes to escape and fresh air to enter. Despite warnings, many of these Soldiers were found dead the next morning.

One particularly frigid morning mortars fired by the Koreans and their Chinese counterparts started pounding the Wolfhounds. The cry for medic could be heard up and down the line as havoc prevailed. With his oversized medical aid bag, SGT Slagel started treating his wounded comrades as the punishing rounds exploded all around him. He would move from casualty to casualty with complete disregard for his own safety. Slagel later stated that this day was not much different than many others during his time in Korea.

SGT Slagel would also accompany 5 to 7 man patrols beyond the front lines. These were predominantly night patrols and they ventured out into the expanse between forces. Many of these patrols turned into vicious firefights with the enemy, and on many occasions Slagel's squad mates were wounded. Without thought for his own safety, SGT Slagel ventured out to the wounded Soldiers, brought them back to positions of relative safety and treated their wounds. SGT Slagel would later say that these patrols were also routine.

For their actions in Korea, SGT Jenkins would receive his second Silver Star and SGT Slagel would earn his third Bronze Star. Both men would earn their second Combat Medical Badges for their roles in Korea.

At the end of World War II the Combat Medical Badge went into disuse. With the start of the Korean War, the badge was again authorized with a beginning date of 27 June 1950. Second awards of the Combat Medical Badge are indicated by superimposing a star centered at the top of the badge between the points of the oak wreath. With the end of the Korean War, the badge would again go dormant.

Late 1965 found Sergeant First Class Jenkins landing in Vietnam with the 28th Infantry Regiment, 1st Infantry Division. The unit moved to Phuoc Vinh, Vietnam and started carving out their future base camp. The regiment's first major operation was Operation Crimp. Although there were no heavy engagements with the enemy, they did uncover a large tunnel and trench complex and destroyed large quantities of supplies. Before the next major operation, Henry Jenkins's unit would take part in the Red Ball convoy operations bringing supplies from Saigon to their home base. These convoys were often the target of enemy attacks and were a dreaded duty for most of those involved.

During Operation Birmingham, Henry was reminded of his time on New Georgia as he found himself in dense jungle fighting a determined enemy who was entrenched amongst the thick foliage. This operation was a concentrated attack into the established enemy base camps in Tay Ninh Province. The unit destroyed all the base camps they uncovered and disrupted the supply system that was vital to the enemy's operations in that area.

The 28th returned to their base camp in Phuoc Vinh after Operation Birmingham to take up counter insurgency warfare in that area. On more than one occasion, mortar fire crashed into the base camp destroying portions of the infrastructure, killing and wounding many. Henry rushed to treat all the wounded along with the other medics. Henry reported that these attacks were regular, but were not attempts to overrun the base, but instead to harass its occupants.

In Vietnam, SFC Slagel was assigned to his old unit, the Wolfhounds, and was the NCOIC of the 2nd Brigade dispensary. On 1 Feb 1968, mortar rounds started landing all over the camp. Then the rockets started. It was the first time Slagel had heard a rocket. He stated it sounded like a train coming in from the sky. In the chaos that ensued, the cry of "Medic!" was heard throughout the camp. The TET Offensive had begun in earnest. Luckily for many, SFC Slagel still had his oversized medical bag and he treated as many wounded as he could. He had been wounded in the hand, leg and knee by an exploding mortar shell, but continued treating the wounded ignoring his own wounds. His next thought was on the battalion aid station which he assumed would be overwhelmed and needed additional help. He made his way to the station and continued to treat the wounded. When he had provided all of the medical aid that he could, he allowed himself to be treated.

SFC Slagel accompanied MEDCAP teams treating the civilian populace as well. The MEDCAP teams ventured out into the villages, accompanied by the infantry, to treat the wounded populace and gather whatever information they could garner on the enemy. Slagel would go on more of these missions than he could count before his time was up in Vietnam.



The CMB was reintroduced on 2 March 1961 and both Slagel and Jenkins received their third award of the Combat Medical Badge for service in Vietnam. The third award of the CMB is indicated by superimposing a star centered at the bottom of the badge. Unlike WW II and the Korean War, the Vietnam War period continued beyond the end of the war and included service in Laos, the Dominican Republic, El Salvador, Grenada, Panama, Southwest Asia Conflict, Korea on the DMZ and Somalia. This period would officially end on 10 March 1995. Regardless of the number of conflicts one participated in, only one award of the Combat Medical Badge was authorized. The fourth, and current period for which the badge may be awarded began 5 December 2001. Once again, only one badge can be awarded during this period even if one has participated in both OIF and OEF or had multiple tours to the same conflict.

Sadly, Wayne Eugene Slagel died of cancer on 15 April 1998 and Henry Lavor Jenkins, “Doc” to his friends, passed away October 2, 2004. With them passed the only known triple recipients of the Combat Medical Badge. As we approach the two decade mark since the Vietnam era of awards ended, it is unlikely we will see another triple recipient of the Combat Medical Badge anytime in the near future. It is appropriate that we recognize the anniversary of the creation of the Combat Medical Badge. It is equally fitting that we should recognize the only two Soldiers we can document who, not only participated in three wars and was awarded the Combat Medical Badge three times, but epitomized the “To Conserve The Fighting Strength” motto that appears on the scroll of the Army Medical Department Regimental Flag.

Notes:

¹Wayne Rupert Slagel was raised by his grandmother who did not know his middle name or the spelling of his last name. It wasn't until 1967 when Slagel returned to the Army that he first saw his birth certificate. His official name was listed as Wayne Eugene Slagel. He then had his records corrected to reflect the change.

²Henry Jenkins' World War II Silver Star citation can be viewed at:

http://ameddregiment.amedd.army.mil/silverstar/wwii/wwii_ij.html. Jenkins was submitted for the Distinguished Service Cross for actions he performed on Guadalcanal prior to New Georgia. It is unknown what happened to that award nomination.

³Jenkins' actions occurred before the Combat Medical Badge was authorized, but he was eligible because the effective date was retroactively set as 7 December 1941.

⁴The \$10 portion was rescinded in 1948.

⁵*The Medical Soldier*, Dec 7, 1944.

⁶A combination of an attack by North Korean forces and miscommunication resulted in a brief firefight between the 7th Infantry Division and 1st Cavalry Division.

⁷Henry Jenkins' Korea Silver Star citation can be viewed at: <http://ameddregiment.amedd.army.mil/silverstar/kw/kw2.html> General Order Headquarters X Corps, 23 March 1951.



Iron Lungs

Chuck Franson, Registrar, AMEDD Museum

A negative pressure respirator or “iron lung” is an airtight metal tank that encloses all of the body except the head and forces the lungs to inhale and exhale through rhythmic changes in air pressure.

The first modern and practical respirator nicknamed the "iron lung" was invented by Harvard medical researchers Philip Drinker and Louis Agassiz Shaw in 1927. The inventors used an iron box and two vacuum cleaners to build their prototype respirator. In 1927, the first iron lung was installed at Bellevue Hospital in New York City, the patients being polio sufferers with chest paralysis.

During the early to mid 20th Century, until the development of an effective vaccine, Poliomyelitis was a dreaded modern



plague, striking down normally healthy persons and leaving them paralyzed. Although the acute phase often passed, paralysis of the thoracic muscles could cause death from asphyxia. Placing a patient in an “iron lung” allowed him to breathe until rehabilitation was possible; some patients never regained proper function, and spent the remainder of their lives in the iron lung.

In 1931, John Haven Emerson introduced an improved and less expensive iron lung. This is the most common type, and what the Museum has. The Emerson iron lung has a bed that can slide in and out of the cylinder as needed and portal windows which allowed attendants to reach in and adjust limbs, sheets, or hot packs. In the event of a loss of electrical power, the device can be operated manually using a bar to pump the bellows.

The person using the iron lung is placed into the central chamber, a cylindrical steel drum. A door with an airtight seal allows the head and neck to remain free, forming a sealed, air-tight compartment enclosing the rest of the person's body. Pumps that control airflow periodically decrease and increase the air pressure within the chamber, and particularly, on the chest. When the pressure is below that within the lungs, the lungs expand and atmospheric pressure pushes air from outside the chamber in via the person's nose and airways to keep the lungs filled; when the pressure goes above that within the lungs, the reverse occurs, and air is expelled. In this manner, the iron lung mimics the physiological action of breathing: by periodically altering intrathoracic pressure, it causes air to flow in and out of the lungs.

Polio vaccination programs have virtually eradicated new cases of poliomyelitis in the United States. Because of this, and also the development of modern ventilators and widespread use of tracheal intubation and tracheotomy, the iron lung has virtually disappeared from modern medicine. For example, in 1959, there were 1,200 people using tank respirators in the United States, but by 2004 there were only 39.

Our iron lung was used at Brooke Army Medical Center in the 1950s, and was later sold to the parents of a polio victim for use while travelling.

New Items in the Historical Research Collection



Among the recent donations to the ACHH Research Collection are the personal items of Allison Hale relating to her service in the Army Nurse Corps. From 25 February 1941 to 25 January 1946, 1LT Hale served as a nurse with the 9th Evacuation Hospital in both the North African and European Theaters earning a total 5 battle stars. The Hale Collection includes service records, personal letters, photographs, scrapbooks, newspaper clippings, and various historical artifacts. If you are interested in researching or would like more information on this collection, please contact the archives staff at usarmy.jbsa.medcom.mbx.hq-medcom-office-of-medical-history@mail.mil or 210-808-3297, DSN 471-3297.

Also new to the ACHH Research Collection are the Eleanor Babbitt (1898-1994) Papers. Ms. Babbitt served as a student nurse with the Army School of Nursing from 25 October 1918 to 11 February 1920. Her duty stations included Debarkation Hospital No. 2 and General Hospital No. 41 in Staten Island, New York where she tended to returning U.S. Soldiers wounded during World War I. Along with a diary, a photograph book, and service records, the Babbitt Collection also includes letters written to her father documenting her experiences as a student nurse.



Maxillofacial Surgery and the Berenstain Bears

Andy Watson, AMEDD Regimental Historian

Like millions of other Americans during World War II, Stanley Berenstain, co-creator of the popular Berenstain Bears children's book series, served in the Army. Berenstain had been a student at the Philadelphia Museum School of Industrial Art when he received his draft notice. His initial military physical discovered that he had a form of amblyopia, with one eye compensating for the other "wandering" eye. While the condition did not prevent him from producing quality artwork, he was placed in a limited service training unit consisting of other trainees also with eye conditions. Berenstain recalled in his biography, *Down a Sunny Dirt Road* that the training unit's nickname was the "one-eyed battalion." The unit's original intent was to train soldiers that would not serve overseas in combat, but as the war progressed the plan changed. Berenstain completed basic training and moved from artillery to engineer training, then was assigned to the 106th Infantry Division at Camp Atterbury, Indiana.

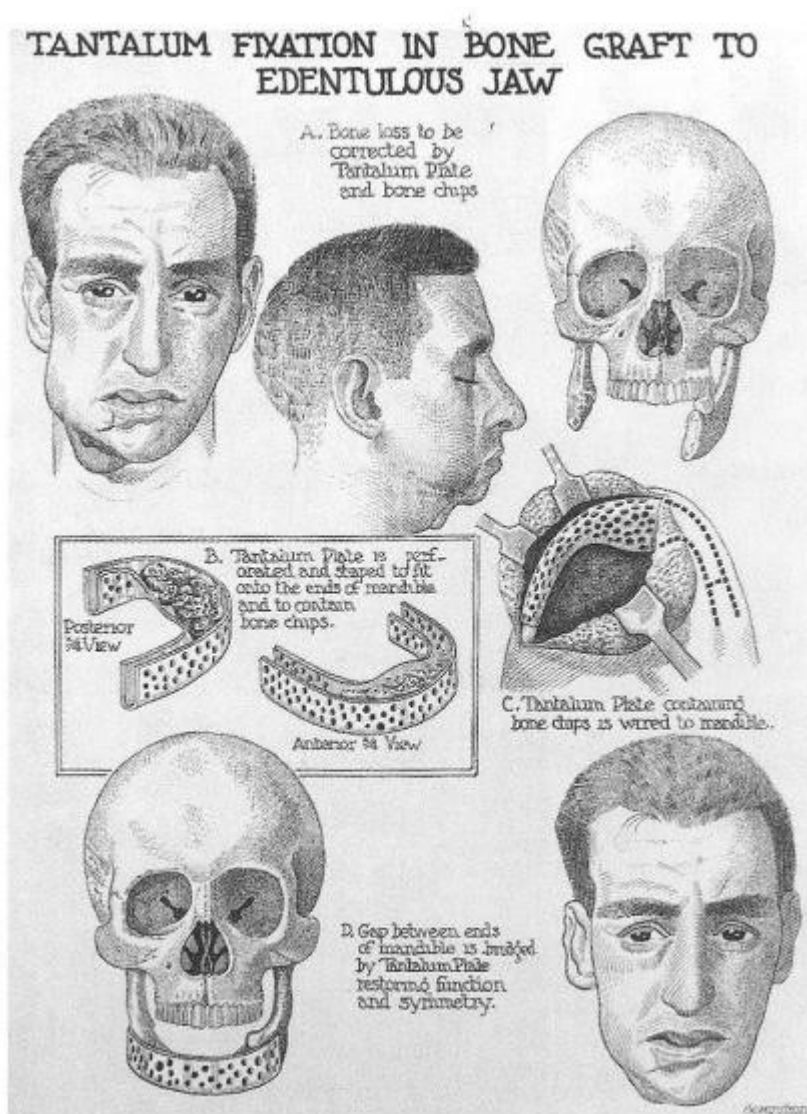
He was assigned to one of the artillery units briefly before becoming ill due to a serious intestinal condition. Needing immediate care he was taken to Wakeman General Army Hospital. Recovering from the infection, intestinal tears, and subsequent surgery Berenstain was making portrait sketches when he caught the eye of one of the physicians. Colonel Truman G. Blocker recognized his talent and asked Berenstain to use his skills at the hospital.

Colonel Blocker founded the maxillofacial surgery center at Wakeman General Army Hospital and utilized Berenstain as his medical artist recording the procedures and progress of various cases. Berenstain made sketches, drawings, and

painted artificial eyes and prosthetic ears and noses. Again from his biography, *Down a Sunny Dirt Road*, Berenstain recalled that he scrubbed in to observe and diagram "as many as eight plastic [surgery] procedures a day." Other duties included making step by step charts of the surgery results and painting before and after moulage molds of representative cases.

Colonel Blocker worked on innovative restorative procedures for facial and burn injuries and would later continue his work after the war. He retired from the US Army Reserves in 1964 as the Commander of the 807th Hospital Center (currently the 807th Medical Command). Dr. Truman Blocker had a long association with The University of Texas Medical Branch (UTMB), and the treatment of burns.

The use of a medical artist to record the patient's injury and recovery after medical procedures has a long history. This important task was a valuable teaching tool for hundreds of years. Fortunately for medical historians many of these images have been preserved. During World War II there were historian/artist units attached to medical assets in different theaters of the war. These units had their own Tables of Organization and Equipment in order to record various medical cases and events. After the war Stanley Berenstain left Army service and returned to Philadelphia. He married his long-time girlfriend Janice Grant who was also an artist. Together they drew and wrote hundreds of cartoons and short publications, their most famous work being the Berenstain Bears book series.



Book Extract: SSG Kevin Zimmerman goes into a minefield

This copyrighted material is an extract from the book [A Time for Everything: The Kevin Zimmerman Story](#), (Michael L. White, 2011) and describes a mission on 20 January 1996 in Bosnia. Sergeant First Class (ret) Zimmerman, then a Staff Sergeant, was assigned to the 236th Medical Company (Air Ambulance) as a flight medic. He received the Soldier's Medal for the events described here, and received another Soldier's Medal for other actions in 1996 in Bosnia.

The morning of January 20, 1996, started like any other. The weather was cold and rainy, but there was nothing in the air to give any sense of foreboding to anyone. Kevin was on call as "second up", which meant his team was the second tier, or backup, for the primary, or "first up", team. Everyone was going about his routine like every other day.

Suddenly, the PA speaker blared, "Medevac! Medevac! Medevac!"

Everyone's heart skipped a beat, and then they sprang into action. Kevin's good buddy, Sergeant Joe Sands, was on the first up team, and he raced downstairs to the orderly room to meet with his PIC and locate their destination on the map. Kevin ran down there, too, to see if his help might be needed.

The report came in that a Swiss APC had struck an anti-tank landmine. There were five injured: two critical, one serious, and two walking wounded. This would require both medical teams at the scene.

The two UH-60 Blackhawks' pre-flight checks and all other equipment checks were done first-thing that morning, so all that was necessary now was to hop onboard, start up the engine, and take off. It took several minutes to arrive, but due to the adrenaline rush, it seemed to Joe like mere seconds.

Flying above the scene, they saw what appeared to be Muslim troops entrenched at the top of the hill, while gray-clad, uniformed Serbian troops were entrenched at the bottom of the hill. In between the two wound an unpaved road, and as they circled over it in their chopper, the outline of an immense crater came into view. The pilot couldn't land on the roadway now for fear of more landmines, so he finally found a landing site about 500 yards away. As the realization crossed his mind, Joe spoke to the crew chief, Sergeant Forester through the aircraft's helmet communication system, "Tell me I'm not gonna have to walk that road!"

As Joe's helicopter lifted off to allow Kevin's helicopter to land and let him off, Joe had already headed up the road. The rain continued to fall steadily, but just a little lighter than a downpour. Tiny rivulets streamed through tire tracks from the day before, and Joe's footprints were already starting to wash out of sight. Kevin swallowed hard and started the trek up the hill, following the tire tracks as well as he could, uncertain if they were actually tire tracks anymore.

The commanding officer of the Swiss soldiers met Kevin just after he disembarked and spoke urgently to him.

"You have to get up there and save my men! If you don't, they will die!"

As it turned out, he was the only one in the group that could speak English. This distressed plea spurred Kevin onward. As he picked his way up the road, some of the landmines were now visible, exposed by the rain, but that only worried him about the ones that were still hidden. Once he started up the road, however, the thought never crossed his mind to turn back.

When he arrived at the scene, he traversed the crater and approached Joe. He asked, "Joe, man, whatchya got? How can I help?"

Joe directed him to help with the two walking wounded and one of the critical patients. They set to work frantically binding wounds and preparing the soldiers for transport. Limbs that once felt firm now felt like packaged hamburger. Unfortunately, those limbs would be lost.

A Norwegian heavy ambulance, dispatched at the same time as the choppers, soon arrived, and they began helping to load the most seriously injured soldiers onto stretchers. Then they helped transport them back down the road to the waiting helicopters.

With all the pressure of the day's events, Joe walked somewhat dazedly back down the road, aimlessly criss-crossing it, and mindlessly unaware of the danger he was flirting with. Kevin yelled at him, "Joe, what are you doing? Stop walking outside the footprints!"

This jolted him back to reality and sobered him up in an instant. He shuddered at the realization of what he had just done. As he would later say on reflection,

"That was not the last time, or even the most important time, Kevin stopped me from wandering aimlessly."

They arrived back at the waiting choppers in practically no time and climbed aboard with their wounded human cargo. There was no time even to think about what they had just gone through. It was not until after they had returned to base and began to unwind that the full extent of their experience came to light.

An ordnance officer was dispatched to assess the situation of the mined roadway. He stopped by The Blue Factory to give his report. The 236th Air Ambulance's company commander asked how many mines were in that area, and the ordnance officer replied, "It was a miracle. Your men were not supposed to get in and out of there."

He next reached for a salt shaker, poured some salt onto his palm, and then threw the salt onto the table. He said, "That many. If you can count it, you're better than we are."

The full magnitude of their miraculous experience now hit home. Kevin knew it was the hand of God, and Joe, an uncommitted believer, now knew it, too.

The AMEDD and the 1906 San Francisco Earthquake

Sanders Marble, Senior Historian, Office of Medical History



St Francis Hospital in San Francisco, after the earthquake and fire. National Archives.

On the morning of 18 April 1906, the city of San Francisco had two earthquakes. The first tremblor, at 0515, did much damage and the second one, about 0800, led to massive fires that burned until the 21st and consumed about 5 square miles. Over 28,000 buildings were destroyed and almost half the population became homeless, roughly 225,000 people.



Army-run refugee camp on the golf course of the Presidio of San Francisco, 1906. National Archives.



The Army's reaction was immediate. San Francisco was the headquarters of the Division of the Pacific and the acting commander, BG Frederick Funston, ordered troops onto the streets. His surgeon, LTC George Torney, also reacted, opening the General Hospital (named Letterman General Hospital in 1911) to civilian patients and sending medics into the city to help.

Despite being damaged, the General Hospital soon overflowed with patients, and triage procedures were implemented to curtail numbers; many patients were simply transfers from civilian hospitals in an era when hospitalization was common

for non-acute conditions. In-patient numbers soon leveled off and the AMEDD emphasized out-patient care. Despite his medical supply depot burning down, Torney handed out supplies to local doctors. Stocks dipped alarmingly, and medics then began emptying abandoned pharmacies until resupply arrived from the Navy and outlying areas. The Army also had deep reserves. A train-load of supplies and personnel started moving on 21 April, and a complete field hospital was mobilized in Washington, DC. Local physicians and a medical conference in town provided extra manpower.

In only a few days the crisis was over and recovery began, with a different balance of citizens' freedoms and the medical need for order to reduce the risks of epidemics. The Army again was a framework for others: Torney was "placed in charge of the sanitary arrangements" by Army order, but that was the result of the San Francisco Health Commission asking the Army to take charge. The city, county, state, and non-governmental organizations did not want to overlap and conflict, and knew that only the Army had the resources. (NGOs stayed out of medical matters, focusing on relief work.) Torney established sanitary districts and implemented rules for the Army-run refugee camps: gridded streets, garbage cans, latrines, bug netting on kitchens and mess tents, organized bathing and laundry facilities, daily ventilation and solar disinfection of bedding, daily sick call at the camps. Case-finding was implemented for typhoid and infectious diseases. Clinics were established outside the Army-run camps, initially 26 but then cutting back to six and then one as local doctors and pharmacists recovered and complained about free competition. That was symbolic of the AMEDD role: respond quickly, set up a system, get out once others were coping. Army-run refugee camps had more rules than city-run camps, and people moved around and complained. Torney got the AMEDD out of bossing civilians around as fast as he could, in steps from 29 April (only 11 days after the earthquake) to total civilian control on 2 July, only 75 days of AMEDD involvement.

BG Funston exceeded his authority in ordering troops onto the streets, but Torney was wiser. He negotiated for the lead in medical matters, coordinated with civilian authorities (which sometimes were happy to avoid unpopular decisions), and had public-health laws for justification. The whole relief process was helped by few jurisdictions and their recognition that they lacked resources. Torney gained the respect of the California congressional delegation, and would become Surgeon General in 1909.

For more about Torney, see http://history.amedd.army.mil/surgeongenerals/G_Torney.html

For more about the AMEDD in the earthquake see <http://history.amedd.army.mil/booksdocs/spanam/SFEQ/SFEQ1906.html>

The Green Cross Brassard

By Robert S. Driscoll

Army medical personnel are associated with wearing a red cross brassard that distinguishes them as a non-combatant on the battlefield, and subsequently subject to different protocols under the Geneva Conventions. The protocols state medical personnel that fall into enemy hands are considered “retained” personnel as opposed to “prisoners of war,” however, not every Army Medical Department (AMEDD) Soldier falls in this protected category! One corps of the AMEDD wears a green cross brassard that identifies them as a medical Soldier, but not protected by the Geneva Conventions.

Although a part of the AMEDD since 1916, the Veterinary Corps was not granted the same protective status as their fellow AMEDD Soldiers. During World War I, Veterinary Corps officers carried pistols whereas no other AMEDD Soldiers carried weapons. Because of this weapons distinction, the Veterinary Corps was not granted Geneva Conventions protection. Between the world wars there was much discussion of how to distinguish Veterinary Corps personnel from other AMEDD personnel, and the answer was the brassard! In August 1940, the Medical Department supply catalog added the “Brassard, Veterinary Corps: Green Cross,” to the Army supply system. A year later, Army Regulations expressly provided that Veterinary Corps personnel would wear a green brassard. In 1941, an Army training manual discussing Geneva Red Cross Conventions stated, “Medical troops, installations, and equipment are to be protected so long as they are not used to commit acts injurious to the enemy. This protection is extended to the dental, but not to the veterinary service.” So there you have it, Army Veterinary Corps Green Cross brassard.

Vollmar C. Lewis, “Military Medicine in War: The Geneva Conventions Today.” In *Textbooks of Military Medicine, Military Medical Ethics 2*, Edited by Dave E. Lounsbury. Washington, DC: Borden Institute, 2003.

Everett B. Miller, *U.S. Army Veterinary Service in World War II*. Washington, DC: Government Printing Office, 1961.



WWII Veterinary Corps brassard. Private collection.



Writing for The AMEDD Historian

We are seeking contributions! We believe variety is the way to attract a variety of audiences, so we can use:

- Photos of historical interest, with an explanatory caption

- Photos of artifacts, with an explanation

- Documents (either scanned or transcribed), with an explanation to provide context

- Articles of varying length (initially we will try a 500 word minimum), which must have sources listed if not footnotes/endnotes

- Book reviews and news of books about AMEDD history

Technical requirements:

Photos will need to be at least 96dpi; contact us about file format.

Text should be in Microsoft Word (.doc or .docx) format. Please do NOT send text with footnotes/endnotes in .pdf format.

Scans should be in Adobe Acrobat (.pdf) format.

Material can be submitted to usarmy.jbsa.medcom.mbx.hq-medcom-office-of-medical-history@mail.mil